



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JONATHAN E. FREEDMAN
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BOARD OF SUPERVISORS

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ADOPTED
BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

April 10, 2012

18 April 10, 2012

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**APPROVAL TO ACCEPT A LETTER OF ALLOCATION FROM THE CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH TO PROVIDE HOME VISITING PROGRAM SERVICES FOR THE PERIOD
OF FEBRUARY 1, 2012 THROUGH JUNE 30, 2013, EXECUTE TWO SOLE SOURCE
AGREEMENTS, AMEND COUNTY CONTRACT NUMBER PH-001644 WITH THE NURSE-FAMILY
PARTNERSHIP AND APPROVE FIVE NEW POSITIONS
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)**

SUBJECT

Request approval to accept a Letter of Allocation from the California Department of Public Health Maternal, Child, and Adolescent Health Division; execute two sole source agreements, amend County Contract Number PH-001644; and approve five new positions, subject to allocation, to implement the Maternal, Infant, and Early Childhood Home Visiting Program.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of the Department of Public Health (DPH), or his designee, to accept a Letter of Allocation (LOA) (Exhibit I) from the California Department of Public Health, Maternal, Child, and Adolescent Health Division (State), effective February 1, 2012 through June 30, 2013, consisting of federal Title V funds in the amount of \$4,376,404 to implement the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.
2. Delegate authority to the Director of DPH, or his designee, to accept future awards and/or amendments that are consistent with the requirements of the LOA that extend the term through June 30, 2017; reflect non-material and/or ministerial revisions to the LOA's terms and conditions; allow for the rollover of unspent funds and/or redirection of funds; adjust the term of the award through December 31, 2017; and/or provide an increase or decrease in funding up to 25 percent above or below each award term's annual base amount, subject to review and approval by County Counsel,

and notification to your Board and the Chief Executive Office (CEO).

3. Delegate authority to the Director of DPH, or his designee, to execute a sole source agreement with the Los Angeles Unified School District (LAUSD), using the County-approved standard contract language, for the provision of MIECHV Program services in the LAUSD using the Nurse Family Partnership (NFP) model, effective upon the date of execution through June 30, 2013 for a total estimated maximum obligation of \$1,535,180, 100 percent offset by federal Title V funds awarded through the State LOA, subject to review and approval by County Counsel and review and approval of any modifications or amendments to standard County Insurance and indemnification provisions by CEO Risk Management Operations, and notification to your Board and the CEO.

4. Delegate authority to the Director of DPH, or his designee, to execute a sole source agreement with the Antelope Valley Partners for Health, using the County approved standard contract language, for the provision of MIECHV Program services in Service Planning Area (SPA) 1 using the Healthy Families America (HFA) model, effective upon the date of execution through June 30, 2013, for a total estimated maximum obligation of \$1,186,044, 100 percent offset by federal Title V funds awarded through the State LOA, subject to review and approval by County Counsel and review and approval of any modifications or amendments to standard County Insurance and indemnification provisions by CEO Risk Management Operations, and notification to your Board and the CEO.

5. Delegate authority to the Director of DPH, or his designee, to execute an amendment to County Contract Number PH-001644 with the NFP, for the provision of MIECHV/NFP Program nurse training services, effective upon the date of execution through June 30, 2013 for a total estimated maximum obligation of \$120,000, 100 percent offset by federal Title V funds awarded through the State LOA, subject to review and approval by County Counsel, and notification to your Board and the CEO.

6. Delegate authority to the Director of DPH, or his designee, to execute amendments to the three agreements that extend the term through June 30, 2017; allow for the rollover of unspent funds; adjust the term of the agreements through December 31, 2017; and/or provide an increase or a decrease in funding up to 25 percent above or below each term's annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable agreement term, subject to review and approval by County Counsel, and notification to your Board and the CEO.

7. Approve five new Full Time Equivalent (FTE) positions: four Public Health Nurses (PHNs) and one Staff Analyst for the provision of MIECHV Program services in SPAs 2, 3, and 7, in excess of that which is provided for in the DPH staffing ordinance pursuant to Section 6.06.020 of the County Code, and subject to allocation by the CEO. These positions will be 100 percent offset by federal Title V funds awarded through the State LOA.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of Recommendations 1 and 2 will allow DPH to accept the LOA from the State and future awards and/or amendments that are consistent with the requirements of the LOA to extend and/or adjust the term of the award; reflect non-material revisions to terms and conditions; rollover unspent funds and/or redirect funds; and/or provide an increase or decrease in funding up to 25 percent above or below each award term's annual base amount. This recommended action will enable DPH to accept awards and/or amendments that adjust the project period up to six months beyond the original term, in those instances where there has been an unanticipated extension of the term to allow additional time to complete services and utilize grant funding. This authority is being requested

to enhance DPH's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Recommendations 3, 4, and 5 will allow DPH to execute two sole source agreements and amend County Contract Number PH-001644 with NFP for the provision of MIECHV Program services to State designated at-risk communities utilizing State designated evidence-based home visiting models to improve health and development outcomes for pregnant women, parents and caregivers, and children.

Recommendation 6 will allow DPH to execute amendments to the agreements to extend and/or adjust the term of the agreements; rollover unspent funds; and/or increase or decrease funding up to 25 percent above or below the annual base maximum obligation, effective upon amendment execution or at the beginning of the applicable agreement term. This recommended action will enable DPH to amend agreements to adjust the term for a period of up to six months beyond the expiration date. Such amendments will only be executed if and when there is an unanticipated extension of the term of the applicable award funding to allow additional time to complete services and utilize award funding. This authority is being requested to enhance DPH's efforts to expeditiously maximize award revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Recommendation 6 will also enable DPH to amend the agreements to allow for the provision of additional units of funded services that are above the service level identified in the current agreement and/or the inclusion of unreimbursed eligible costs, based on the availability of award funds and funder approval. While the County is under no obligation to pay a contractor beyond what is identified in the original executed agreement, the County may determine that the contractor has provided evidence of eligible costs for qualifying contracted services and that it is in the County's best interest to increase the maximum contract obligation as a result of receipt of additional funds or a determination that funds should be reallocated. This recommendation has no impact on net County cost.

Recommendation 7 will authorize DPH to fill five positions: four PHNs to deliver the MIECHV services, which is an expansion of existing NFP Program comprehensive home visitation activities in SPAs 2, 3, and 7, and one Staff Analyst to provide programmatic, administrative, and managerial services to support the MIECHV Program goals and objectives.

This funding will allow DPH to implement the MIECHV Program to provide effective coordination and delivery of critical health, development, early learning, child abuse and neglect prevention, and family support services to pregnant women, their newborns, young children, and families. The home visiting program plays a crucial role in the national effort to build quality, comprehensive, statewide early childhood systems for pregnant women, parents and caregivers, and children from birth to eight years of age to improve health and development outcomes.

The goals of the MIECHV Program are to: 1) improve the coordination of perinatal and early childhood in-home supportive services for at-risk communities; and 2) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. At-risk communities are defined as those with a high concentration of risk factors for premature birth; low birth weight; infant mortality; poor maternal, newborn, and child health; poverty; crime; domestic violence; high rates of high school dropouts; substance abuse; unemployment; and child maltreatment. States are required by the federal government to utilize evidence-based home visiting programs in an effort to promote improvements in maternal and prenatal health, infant health, and child health and development; increased school readiness; reductions in the incidence of child

maltreatment; improved parenting related to child development outcomes; improved family socio-economic status; greater coordination of referrals to community resources and supports; and reductions in crime and domestic violence. To meet this federal requirement, the State has selected two evidence-based home visiting models: NFP and HFA. Selection of these two models was based upon findings of the Home Evidence of Effectiveness Review Study, funded by the Health Resources and Services Administration (HRSA), which distinguished NFP and HFA as having the most favorable ratings for primary and secondary outcomes in the designated benchmarks.

Implementation of Strategic Plan Goals

The recommended actions support Goal 2: Children, Family, and Adult Well-Being and Goal 4: Health and Mental Health, of the County's Strategic Plan

FISCAL IMPACT/FINANCING

The total amount of the LOA for the period of February 1, 2012 through June 30, 2013 is \$4,376,404. Of this amount, an estimated \$2,841,224 will support the two sole source agreements and one amendment, comprised of: 1) an estimated \$1,186,044 for the Antelope Valley Partners for Health (at an estimated amount of \$390,350 effective upon the date of execution through June 30, 2012 and an estimated \$795,694 for the period of July 1, 2012 through June 30, 2013); 2) an estimated \$1,535,180 for the LAUSD (at an estimated amount of \$496,047 effective upon the date of execution through June 30, 2012 and an estimated \$1,039,133 for the period of July 1, 2012 through June 30, 2013); and 3) an estimated \$120,000 amended to the existing NFP Agreement (at an estimated amount of \$90,000 effective upon the date of Board approval through June 30, 2012 and an estimated \$30,000 for the period of July 1, 2012 through June 30, 2013).

An estimated \$1,535,180 of these State funds will be utilized for the expansion of DPH's MIECHV/NFP Program services in SPAs 2, 3, and 7, and MIECHV Program administrative costs. DPH will incur no expenditures until the recommendation to accept the LOA is approved by your Board.

The State award, Section 2951, Maternal, Infant, and Early Childhood Home Visiting Programs, requires these funds to be used to supplement, and not supplant, funds from other sources for early childhood home visitation program or initiatives.

The estimated costs for these recommended contracts and services are 100 percent offset by funding from CDPH at no net County cost. DPH will cover the costs for fiscal year 2011-12 with the existing appropriation and will request future funding, as necessary.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On February 18, 2000, your Board approved an agreement with the Board of Regents of the University of Colorado for, and on behalf of, the University of Colorado Health Science Center (UCHSC) for the NFP Program. UCHSC was the sole provider of these services as they were the proprietors of the program protocols and the source for training and technical assistance.

On August 30, 2005, your Board approved an agreement with the NFP when responsibility for national replication of the NFP Program was transferred from UCHSC to the NFP; effective August 30, 2005 through June 30, 2006, with provision for two one-year automatic renewal periods through

June 30, 2008, at a total County maximum obligation of \$73,001

On June 17, 2008, your Board approved renewal of the agreement with the NFP, effective July 1, 2008 through June 30, 2009, with provision for two one-year year automatic renewal periods through June 30, 2011, at a total County Maximum obligation of \$66,610.

On May 17, 2011, your Board approved renewal of the agreement with the NFP, effective July 1, 2011 through June 30, 2012, at a total County Maximum obligation of \$126,246.

In 2011, the State applied for a HRSA administered grant for MIECHV funds. HRSA required that the State identify at-risk communities in need of home visitation services and select evidence-based home visiting models from a list of seven approved models to be used to provide services to the identified at-risk communities. The State conducted a competitive process to select at-risk communities within local counties that could implement the NFP and HFA programs. The County of Los Angeles was awarded funding to build upon existing programs in at-risk communities that were already implementing the HFA and NFP models. The State identified SPAs 1, 2, 3, and 7 as well as the LAUSD as at-risk communities and selected the HFA and NFP models for the provision of services to SPA 1 and SPAs 2, 3, and 7 and the LAUSD, respectively. DPH MCAH provides NFP services in SPAs 4, 6, and 8. Communities within SPA 5 have not been identified as at-risk communities and are not eligible for services.

On October 6, 2011, DPH received a LOA from the State in the amount of \$4,256,404, for the period of February 1, 2012 through June 30, 2013, to implement the MIECHV program in at-risk communities in Los Angeles County.

On December 12, 2011, DPH received a revised LOA in the amount of \$4,376,404 for the period of February 1, 2012 through June 30, 2013. The revised LOA replaced and superseded the October 6, 2011 LOA and includes funding to implement the home visiting program and to provide regional NFP nurse training in Northern and Southern California.

As required under Board Policy 5.120, your Board was notified on March 19, 2012 of DPH's request to increase funding up to 25 percent above the annual base maximum obligation.

County Counsel has approved Exhibit I as to use. Attachment A is the Grant Management Statement. Attachments B and C are the signed Sole Source Checklists.

CONTRACTING PROCESS

The HFA and NFP models selected by the State are proprietary models that can only be implemented by organizations that are currently contracted franchisees of the applicable national service office. The HFA National Office is currently affiliated with nine organizations in California. Since 2002, the HFA model has been used to provide home visitation services to urban and rural families throughout the Antelope Valley. The NFP National Service Office is currently affiliated with 19 organizations in California; DPH and the LAUSD are the only affiliates in Los Angeles County. Since 2009, the LAUSD, in partnership with DPH, has been using the NFP model to provide home visitation services to pregnant teens and teen moms in various schools located in at-risk communities. Therefore, DPH is recommending sole source agreements with Antelope Valley Partners for Health for the HFA Program and the LAUSD for NFP, as the only organizations legally

The Honorable Board of Supervisors
4/10/2012
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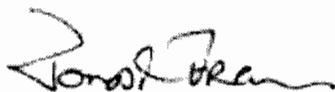
authorized by the HFA National Office and the NFP National Service Office to perform HFA services in SPA 1 and NFP services in the LAUSD, respectively.

DPH is also recommending amending the sole source agreement with the NFP to include the provision of regional NFP nurse training in Northern and Southern California. In an effort to reduce costs to all Local Health Jurisdictions (LHJs) in California, including Los Angeles County, the State negotiated with the NFP National Service Office and DPH to provide regional nurse trainings in Northern and Southern California, rather than requiring that all local and state staff travel to Denver for the trainings.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow DPH to implement evidence-based maternal, infant, and early childhood home visiting programs that will provide comprehensive and coordinated services to improve outcomes for 300 families residing in at-risk communities within Los Angeles County.

Respectfully submitted,



JONATHAN E. FIELDING, M.D., M.P.H.
Director and Health Officer

JEF:yl

Enclosures

c: Auditor Controller
Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors



RON CHAPMAN, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

December 12, 2011

Cynthia Harding, MPH, MCAH Program Administrator
Los Angeles County Department of Public Health
600 S. Commonwealth Ave., Suite 800
Los Angeles, CA 90005

SUBJECT: California Home Visiting Program Funding

Dear Ms. Harding:

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division, California Home Visiting Program (CHVP) is pleased to announce your award of Maternal, Infant and Early Childhood Home Visiting (MIECHV) funding to implement two Nurse-Family Partnership (NFP) and one Healthy Families America (HFA) Home Visiting Program in Los Angeles County. This letter replaces and supersedes the Notification of Receipt of Funding for California Home Visiting Program Implementation dated October 6, 2011. Consistent with prior awards and CDPH/MCAH standard practice, funding is subject to spending authority and availability of federal funds.

Please refer to federal legislation (Patient Protection and Affordable Care Act Section 2951, MIECHV Program <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/html/PLAW-111publ148.htm>) for various provisional requirements, e.g., Maintenance of Effort (MOE), Benchmark Requirements, Continuous Quality Improvement (CQI) efforts, etc., to implement a successful home visiting program.

Funding for SFY 2011-12

Funding for SFY 2011-12 assumes a February 1, 2012 program start date. The FY 2011-12 allocations include \$50,000 per local HV program for program implementation. Implementation funds, up to the \$50,000, may be spent before February 1, 2012 (and may be spent through June 30, 2012).

Funding for SFY 2012-13

Because this is a new program with a mid-year implementation date, we are including the SFY 2012-13 allocations with this letter to assist you in program planning and budget approval.

Please note MIECHV grant funds are assumed to be level throughout the life of the grant, but are subject to annual Congressional budget measures.

The Los Angeles County allocation includes annual administrative costs for the applicable home visiting models (including travel and training), and local staff salaries and fringe benefits for the staffing levels and classifications indicated by your response to our Request for Supplemental Information (RSI).

Final funding for your program also allows for a percentage of the MCAH Director's salary, line item expenses up to the State allowances, an indirect cost rate of 10% of salaries plus fringe benefits, a state-required conference travel allowance, funding for data evaluation, and up to \$50,000 in initial funding for SFY 2011-12. Initial, one-time funding can be used to offset start-up costs that may be incurred before and during program implementation. More detailed information specific to the allocations, budgets and invoicing will follow in the AFA Packet.

In an effort to reduce costs to all Local Health Jurisdictions (LHJs) in California, including Los Angeles County, CDPH/MCAH has negotiated with NFP to provide regional nurse trainings in Northern and Southern California, rather than requiring all local and state staff to travel to Denver for the trainings. Additionally, California is providing a Statewide Nurse Consultant for each home visiting model, which will result in an 80% discount to the LHJs on the contracted costs for an NFP Statewide Nurse Consultant.

In order to accommodate NFP's contract requirements and assure the discount and reduced travel costs for Los Angeles County and all LHJs implementing NFP, the State must accommodate NFP for part of their lost revenues and for regional trainings.

Toward that end, Los Angeles County's allocation for SFY 2011-12 will include an additional \$90,000 for payment to NFP for the following support costs:

California State Nurse Consultant Support Fee: \$18,331
California State Program Support Fee: \$7,605
Education and Materials Fees - \$15,540
Regional Education Session Fees - \$42,190

Ms. Cynthia Harding
Page 3
December 12, 2011

Subsequent years' allocations, beginning with SFY 2012-13, will include an additional \$30,000 for payment to NFP for the following support costs:

California State Nurse Consultant Support Fee: \$18,331
California State Program Support Fee: \$7,605

Final funding to Los Angeles County for three California Home Visiting sites is:

County Program Site	Local Project Director	SFY 2011-12 Funding (Start Date 2/1/12)	SFY 2012-13 Funding ¹	HV Model	State Contract Manager	State Program Consultant/ QA Team
Los Angeles LAUSD	Cynthia Harding	\$496,047	\$1,039,133	NFP	Stephen Fong	Cindy Chambers, Chris Borges, Erica Wilhelmsen
Los Angeles SPAs 2,3,7	Cynthia Harding	\$496,047	\$1,039,133	NFP	Stephen Fong	Cindy Chambers, Chris Borges, Erica Wilhelmsen
Los Angeles SPA 1 ²	Cynthia Harding	\$390,350	\$795,694	HFA	Stephen Fong	Arlene Silva, Chris Borges, Erica Wilhelmsen
State Support to LHJs	Cynthia Harding	\$90,000	\$30,000	NFP	Stephen Fong	
Total Allocation		\$1,472,444	\$2,903,960			

¹Funding subject to availability of federal funds.

²Los Angeles SPA 1 funding comes from the MIECHV Expansion Grant; funding subject to receipt of spending authority.

Program Implementation

CDPH/MCAH anticipates community-level home visiting program implementation to commence in the first quarter of calendar year 2012. The first steps leading to program implementation at the local level include:

1. Release of Allocation Funding Agreement (AFA) Packet - This agreement is the official contract to solidify the obligation between CDPH/MCAH and the LHJ. The MCAH Director will serve as the responsible local official for coordinating and implementing the local home visiting program. The AFA Packet will contain: the allocation amount, budget template, links and instructions, and the Scope of Work (SOW) outline.

2. Introduction of Quality Assurance (QA) Teams - CHVP has established QA Teams to guide the partnership with each LHJ to ensure: model fidelity, creation of Continuous Quality Improvement (CQI) measures, training and technical assistance and timely and accurate reporting. The QA Team will consist of a
3. Nurse Consultant, Program Specialist, Research Scientist and Contract Manager. The AFA Packet will provide further details, including contact information, on this partnership.

Federal Financial Participation (FFP)

It is our opinion that some CHVP activities would be eligible for FFP Title XIX draw down. However, there is currently no mechanism for claiming FFP for local funds applied to the California Home Visiting Program. CDPH will work with the Medicaid Single State Agency, the Department of Health Care Services (DHCS) to submit either a Waiver Program Request or a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) to allow FFP Title V claiming for Home Visiting. Once CHVP has the authority to claim FFP, we will be required to enter into an Interagency Agreement with DHCS to include FFP in the State Budget and allow CDPH to invoice for the FFP so that it may be passed on to the counties. We will inform you when CHVP has been granted the authority to claim FFP.

Maintenance of Effort (MOE)

Please refer to federal legislation (Patient Protection and Affordable Care Act Section 2951, MIECHV Program (<http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/html/PLAW-111publ148.htm>) for various provisional requirements, e.g., MOE, Benchmark Requirements, Continuous Quality Improvement (CQI) efforts, etc., to implement a successful home visiting program.

Please contact your County Counsel with specific questions or proposals regarding MOE specific to your county based on the following language from the Patient Protection and Affordable Care Act, Section 2951:

"Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives. The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the date of enactment of this legislation, March 23, 2010."

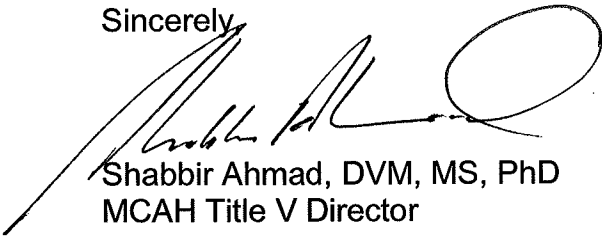
Ms. Cynthia Harding
Page 5
December 12, 2011

CDPH/MCAH thanks you for your continued interest in home visiting and looks forward to a valuable partnership with Los Angeles County. For the most current home visiting information, please visit:

<http://cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx>

Correspondence and questions may be directed to the MCAH State Contract Manager assigned to your county.

Sincerely,



Shabbir Ahmad, DVM, MS, PhD
MCAH Title V Director

cc: Christopher Krawczyk, PhD
Acting Chief, California Home Visiting Program Branch
California Department of Public Health
Maternal, Child and Adolescent Health Division

Laurel Cima, MPA
Section Chief, Program, Policy and Quality Assurance
California Home Visiting Branch
California Department of Public Health
Maternal, Child and Adolescent Health Division

**Los Angeles County Chief Executive Office
Grant Management Statement for Grants Exceeding \$100,000**

Department: Public Health – Maternal Child and Adolescent Health

Grant Project Title and Description:

California Home Visiting Program state funding to implement the this program in Los Angeles County-

(Program funding for February 1, 2012 through June 30, 2014)

Funding Agency:
California Department of Public
Health

Program (Fed. Grant #/State Bill or Code #):

Grant No N/A

Grant Acceptance Deadline:

None

Total Amount of Grant Funding: \$4,376,404

County Match Requirements: None

Grant Period: Begin Date 02/01/12 End Date: 06/30/14

Number of Personnel Hired Under this Grant: Full Time 5 Part Time 0

Obligations Imposed on the County When the Grant Expires

Will all personnel hired for this program be informed this is a grant funded program? Yes ☒ No ☐

Will all personnel hired for this program be placed on temporary (N) items? Yes ☒ No ☐

Is the County obligated to continue this program after the grant expires? Yes ☐ No ☒

If the County is not obligated to continue this program after the grant expires, the Department will:

a). Absorb the program cost without reducing other services. Yes ☐ No ☒

b). Identify other revenue sources. Yes ☐ No ☒

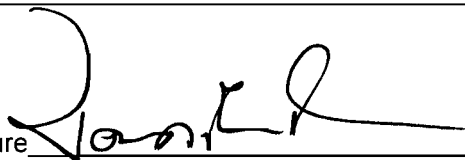
(Describe) Identify and apply for other funding.

c). Eliminate or reduce, as appropriate, positions/program costs funded by this grant. Yes ☒ No ☐

Impact of additional personnel on existing space: None

Other requirements not mentioned above: None

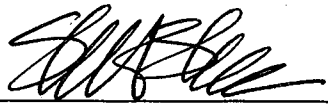
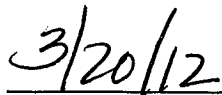
Department Head Signature



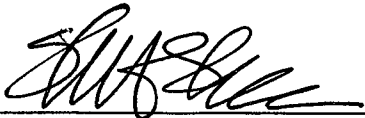
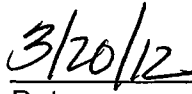
Date

5-22-12

**SOLE SOURCE CHECKLIST
ANTELOPE VALLEY PARTNERS FOR HEALTH**

Check (√)	JUSTIFICATION FOR SOLE SOURCE PROCUREMENT OF SERVICES
	Identify applicable justification and provide documentation for each checked item.
	➤ Only one bona fide source for the service exists; performance and price competition is not available.
	➤ Quick action is required (emergency situation)
	➤ Proposals have been solicited but no satisfactory proposals were received.
	➤ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.
	➤ Maintenance service agreements exist on equipment which must be serviced by the authorized manufacturer's service representatives.
	➤ It is most cost-effective to obtain services by exercising an option under an existing contract.
	➤ It is the best interest of the County (e.g., administrative cost savings, too long a learning curve for a new service provider, etc.).
√	<p>➤ Other reason. Please explain.</p> <p>The State selected the Healthy Families America (HFA) model for the implementation of Maternal, Infant and Early Childhood Home Visiting Program services. The County of Los Angeles was awarded funding to build upon existing programs in at-risk communities that are already implementing the HFA model. The Antelope Valley Partners for Health is the only agency that implements the HFA model in Los Angeles County.</p>
	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;">  <hr/> Sheila Shima Deputy Chief Executive Officer, CEO </div> <div style="text-align: center;">  <hr/> Date </div> </div>

**SOLE SOURCE CHECKLIST
LOS ANGELES UNIFIED SCHOOL DISTRICT**

Check (√)	<p style="text-align: center;">JUSTIFICATION FOR SOLE SOURCE PROCUREMENT OF SERVICES</p> <p>Identify applicable justification and provide documentation for each checked item.</p>
	<p>➤ Only one bona fide source for the service exists; performance and price competition is not available.</p>
	<p>➤ Quick action is required (emergency situation)</p>
	<p>➤ Proposals have been solicited but no satisfactory proposals were received.</p>
	<p>➤ Additional services are needed to complete an ongoing task and it would be prohibitively costly in time and money to seek a new service provider.</p>
	<p>➤ Maintenance service agreements exist on equipment which must be serviced by the authorized manufacturer's service representatives.</p>
	<p>➤ It is most cost-effective to obtain services by exercising an option under an existing contract.</p>
	<p>➤ It is the best interest of the County (e.g., administrative cost savings, too long a learning curve for a new service provider, etc.).</p>
√	<p>➤ Other reason. Please explain.</p> <p>The State selected the Nurse Family Partnership (NFP) model for the implementation of Maternal, Infant and Early Childhood Home Visiting Program services. The County of Los Angeles was awarded funding to build upon existing programs in at-risk communities that are already implementing the NFP model. The Los Angeles Unified School District is the only agency that implements the NFP model in Los Angeles County.</p>
	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Sheila Shima Deputy Chief Executive Officer, CEO </div> <div style="text-align: center;">  _____ Date </div> </div>